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## ABSTRACT

These guidelines are intended to provide a student-focused model for integration of physical therapy services in educational environments in Delaware. Individual sections address the following: definitions; services (referral, assessment, direct, and indirect); the educational significance of physical therapy services; prioritizing physical therapy services (common pediatric diagnoses or conditions served by physical therapy, common physical therapy procedures and techniques, and establishing therapeutic priorities); acquiring physical therapy services (needs assessment of school district, employment of physical therapists, and recruitment/retention of therapists); administration of physical therapy services (design and development, supervision, therapy program evaluation); requirements and qualifications (educational requirements, state licensing requirements, and State of Delaware certification); standards of physical therapy practice (based on those of the American Physical Therapy Association); and delineation between physical therapy and occupational therapy services. Appendices include a job description of the school physical therapist and a listing of Delaware certification requirements. (DB)

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# **GUIDELINES FOR PHYSICAL THERAPY PRACTICE IN EDUCATIONAL ENVIRONMENTS IN THE STATE OF DELAWARE**

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**DELAWARE DEPARTMENT OF PUBLIC INSTRUCTION  
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EC 300 529

**GUIDELINES FOR  
PHYSICAL THERAPY PRACTICE IN  
EDUCATIONAL ENVIRONMENTS  
IN THE STATE OF DELAWARE**

Developed by the School System Task Force of the Delaware Physical Therapy Association in cooperation with the Exceptional Children/Special Programs Division of the Department of Public Instruction

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## **EXECUTIVE SUMMARY**

The purpose of these guidelines is to present administrators, educators, physical therapists, other professionals and parents with a student-focused model for integration of physical therapy (PT) services in educational environments. Over the years, physical therapists have observed considerable variation in the delivery of physical therapy services provided in Delaware schools. Standards of practice and guidelines exist in other areas of physical therapy. Those standards and guidelines help ensure a minimum quality of therapy services which is important for the consumer of those services. The guidelines presented in this document represent the commitment of the Department of Public Instruction and Delaware physical therapists to quality physical therapy programs. The dissemination of the guidelines by the Department of Public Instruction will promote a minimum quality of physical therapy practice in Delaware educational environments.

The document includes sections on definitions, services, acquiring, administering and prioritizing services, requirements and qualifications of physical therapists, standards of physical therapy practice and the delineation between physical therapy and occupational therapy.

The Delaware Chapter of the American Physical Therapy Association appointed a group of therapists to draft the guidelines. The guidelines have been reviewed by therapists practicing in a wide variety of educational settings. The therapists are employed directly by the schools or they are under a contractual arrangement. The guidelines were accepted by the Board of the Delaware Chapter of the American Physical Therapy Association. The guidelines were developed in cooperation with the Exceptional Children/Special Programs Division of the Department of Public Instruction.

Additional copies of this document may be obtained by writing to the State Director, Exceptional Children/Special Programs Division, Department of Public Instruction, P.O. Box 1402, Dover, Delaware 19903.

## ACKNOWLEDGMENTS

A special thank you to Karen Martin, M.Ed., P.T., of the State of Washington, for her guidance and encouragement, as well as for permission to use the Guidelines and Standards of Physical Therapy Practice in School Settings in Washington State, upon which much of this manual was based and extracted. Additional information for this document was obtained from the American Physical Therapy Association's, Physical Therapy Practice in Educational Environments, Policies and Guidelines, 1990.

# **GUIDELINES FOR PHYSICAL THERAPY PRACTICE IN EDUCATIONAL ENVIRONMENTS IN THE STATE OF DELAWARE**

## **PURPOSE**

The purpose of these guidelines is to present administrators, educators, physical therapists, other professionals and parents with a student-focused model for integration of physical therapy (PT) services in educational environments. The intent is to describe physical therapy functions within the context of education. Physical therapists are an integral part of the special education system. As a licensed health care professional, the physical therapist in the school setting in Delaware must function under both the Physical Therapy Practice Act and the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN, of the Department of Public Instruction. The physical therapist must also follow the American Physical Therapy Association Standards for Physical Therapy Services and Physical Therapy Practitioners, and also be aware of the Code of Ethics of the American Physical Therapy Association.

## **DEFINITIONS**

### **A. FREE, APPROPRIATE PUBLIC EDUCATION**

Physical therapy as provided in education settings is considered a "related service". The following definitions are taken from the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN.

"Free appropriate public education" means special education that is specially designed instruction, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions, and related services as defined by State Board of Education rules and regulations and as may be required to assist a handicapped person to benefit from an education that:

1. is provided at public expense, under public supervision and direction, and without charge in the public school system;
2. meets the standards of the State Board of Education as set forth in 14 Del. C., Ch. 31, or in the rules and regulations of the Board; and
3. includes elementary, secondary, or vocational education in the State; and
4. is individualized to meet the unique needs of the handicapped person. 14 Del. C. 3101(2); 34 CFR 300.4.

"Related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped student to benefit from special education and includes, but is not limited to, speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, medical services for diagnostic or evaluation purposes, school health services, social work services in schools, and parent counseling and training. 34 CFR 300.13

## B. PHYSICAL THERAPY

The following definition of "physical therapy" is from the Delaware Physical Therapy Practice Act.

"Physical therapy" means the evaluation, instruction or treatment of any person to detect, assess, prevent, correct, alleviate or limit physical disability from injury or disease and any other physical and/or mental condition, by the utilization of the effective properties of physical measures, activities and devices such as heat, cold, light, air, water, sound, electricity, massage, mobilization, therapeutic exercises and rehabilitative procedures, including training in functional activities, with or without assistive devices. Physical therapy also includes the supervision of physical therapy activities, physical therapy consultation and the establishment and modifications of physical therapy programs. Physical therapy shall not include radiology, surgery, drugs or authorize the medical diagnosis of disease.

Within the profession of physical therapy, the services are provided by licensed physical therapists with the assistance of physical therapy assistants and physical therapy aides, when appropriate.

### 1. Physical Therapist (PT)

The physical therapist is a health care professional licensed to practice physical therapy in the State of Delaware, according to Delaware Physical Therapy Law. 24 Del. C., Ch. 26

The pediatric physical therapist is a licensed physical therapist who concentrates on the assessment, treatment, and prevention of medical and developmental conditions as the conditions uniquely affect children. This includes management of traumatic, developmental, and systematic disorders and encompasses all appropriate evaluative, habilitative and rehabilitative procedures used in clinical practice (from American Physical Therapy Association, Section on Pediatrics Bylaws, March, 1978).

The physical therapist practicing in the school setting is a licensed physical therapist who provides services for students with identified physical disability, motor deficiency, and/or

developmental delays which interfere with the student's ability to benefit from special education.

2. **Physical Therapist Assistant (PTA)**

The Physical Therapist Assistant shall mean an individual who shall have received an associate degree as a Physical Therapist Assistant from an approved school of physical therapy who has not been licensed to practice physical therapy in the State of Delaware. The PTA is trained to work under the direction of, and as an assistant to, the physical therapist in administering physical therapy programs. Current legislation requires supervision of the PTA by a licensed physical therapist. The following paragraphs, taken from the Delaware Physical Therapy Rules and Regulations, describe the function of the physical therapist assistant.

The PTA may treat patients only under the direct supervision of a PT. The PTA may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising PT. The PTA may administer treatment with therapeutic agents that use the properties of air, water, electricity, sound or light. The PTA may make minor modifications to treatment plans within the predetermined plan of care, assist the PT with evaluation, and document treatment progress. The ability of the PTA to perform the selected and delegated tasks shall be assessed by the supervising PT.

The PTA shall not perform interpretation of referrals, physical therapy evaluation and re-evaluation, major modification of the treatment plan, final discharge of the patient, or therapeutic techniques beyond the skill and knowledge of the PTA or without proper supervision.

A PT shall not supervise more PTAs at any one time than in the opinion of the Board can be adequately supervised and at no time may a PT supervise greater than 2 PTAs without the prior written permission of the Board of Physical Therapy Examiners. Upon application, the Board may permit the supervision of a greater number of PTAs if it determines that there would be adequate supervision and the public health and safety would be served.

3. **Physical Therapy Aide**

The Physical Therapy Aide is an unlicensed individual who has been specifically trained on the job by a physical therapist to perform designated routine tasks related to the operation of a physical therapy service. The following paragraphs, taken from the Delaware Physical Therapy Rules and Regulations, describe the function of the physical therapy aide.

Treatments which may be performed by aides under direct supervision are:

- a. Gait practice and ambulation
- b. Functional activities
- c. Transfers
- d. Routine follow-up of specific exercises
- e. Hot or cold packs
- f. Whirlpool/Hubbard tank
- g. Contrast Bath
- h. Infrared
- i. Paraffin bath
- j. Developmental stimulation

Exceptions: An aide may perform:

- a. Non-treatment related activities, such as secretarial, clerical, and housekeeping duties without direct supervision;
- b. Patient related activities that do not involve treatment, including transporting patients, undressing and dressing patients, and applying assistive and supportive devices without direct supervision; and
- c. Set up and preparation of patients requiring treatment using PT modalities.

Prohibited Activities - An aide may not perform:

- a. Evaluation, or
- b. Treatments other than those listed above.

## **SERVICES**

### **A. REFERRAL**

Referral procedures are present to provide physical therapy in educational environments. Requests for referrals may be initiated by staff members, students, or parents, through the multidisciplinary team (MDT). In the State of Delaware, the law requires that a referral for evaluation and treatment must come from a Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.), Dentist, Doctor of Podiatric Medicine (D.P.M.) or Chiropractor. 24 Del. C., Ch. 26.

### **B. ASSESSMENT**

Assessment refers to the process of determining the need, nature, frequency and duration of treatment; deciding the needed coordination with others involved; and documenting of these activities.

## **1. Screening**

**Screening is the process of surveying children in order to identify those having previously undetected problems and reviewing written or verbal information concerning a handicapped child in order to determine the need for school physical therapy services. Screening may include:**

- a. Review of written information**
- b. Direct observation by PT, other professionals, and parents**
- c. Discussion of information, history and current concerns between the PT and parents and/or other professionals on the MDT.**

## **2. Evaluation**

**Evaluation refers to the process of obtaining and interpreting data necessary for service delivery. The nature of evaluation will be determined by the student's handicapping condition and how it impacts the educational program (e.g., Cerebral Palsy, Spina Bifida, Muscular Dystrophy, Developmental Delay). The physical therapist should be a member of the MDT and the Individualized Education Program (IEP) team, where appropriate:**

- a. To provide the participants at the MDT meeting with the physical therapy evaluation and information necessary to determine eligibility for PT services; and**
- b. To determine the student's physical therapy needs and/or related services; to recommend goals and objectives, procedures, materials, environments and any other considerations necessary for meeting those needs.**

**Categories of Physical Therapy Evaluation may include, but not be limited to:**

### **1. Standardized tests**

### **2. Non-Standardized tests**

- a. Adaptive devices and equipment utilization**
- b. Classroom positioning**
- c. Analysis of postural control and/or deviations**
- d. Developmental testing**
- e. Environmental accessibility**
- f. Functional motor skills**
- g. Gait analysis**
- h. Manual muscle testing**
- i. Mobility skills**
- j. Postural responses (reflexes and automatic reactions)**

## **C. SERVICE DELIVERY**

The type and level of service is a direct outcome of the ongoing reassessment of therapy services. Service options may include, but not be limited to:

### **1. Direct Service**

- a. Normalization of postural tone in preparation for function using neurophysiological techniques
- b. Therapeutic exercise (strength, endurance, coordination)
- c. Range of motion (ROM) exercise
- d. Functional mobility (wheelchair, automobile, bike, trike, access to public transportation)
- e. Functional motor skills
- f. Postural control, symmetry and stability
- g. Gait training
- h. Positioning and body mechanics in classroom programming
- i. Modalities - hot packs, cold packs, whirlpool, electrical stimulation, biofeedback, infrared
- j. Development, maintenance, training for adaptive equipment and devices
- k. Stimulation of cardiovascular and respiratory function
- l. Self-management training
- m. Disability awareness training

### **2. Indirect Service**

- a. Consultation: The role of consultation is monitoring, supervising, teaching and training of professionals, paraprofessionals, parents and student in the educational environment, home and/or community environment. This may include:
  - (1) Providing general information about students' handicapping conditions (e.g., Muscular Dystrophy, Cerebral Palsy).
  - (2) Teaching special skills necessary for proper handling, lifting and positioning.
  - (3) Developmental/Maintenance/Demonstrating use and care of adaptive/assistive devices.
  - (4) Recommendations for enhancing student's performance in educational environments (e.g., classroom, physical education and playground).
- b. Inservice training:
  - (1) Providing formal/informal inservice education programs.
  - (2) Providing community and parent training.

- c. Communication with medical professionals, local agencies, and vendors.
- d. Participation in the Multidisciplinary Team (MDT) and Individualized Education Program (IEP) team meetings.

In the educational environment, the physical therapist functions as an integral team member in staffing and program placement decisions. As an advocate for the handicapped child, the physical therapist may delineate how physical therapy services could assist the child in benefiting from a special education program. The physical therapist may provide input into MDT and IEP meetings as a resource person and/or team member. In this manner, an appropriate integration of development and educational goals can be realized. Decisions about a handicapped student's individualized education program are made cooperatively by parents and school personnel at the IEP meeting.

The IEP sets forth in writing a commitment of resources in terms of what special education and related services will be provided to meet each handicapped student's needs. The IEP procedure and written format should follow federal and State law, as set forth in the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN.

In providing therapy services as part of an educational program, the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) of each student must be developed and based on assessment results, parent input, and educationally-relevant needs of the student. The IEP team, including the parent, needs to establish annual goals, including short-term objectives, specific priorities within special education needed by the student and the most appropriate delivery of those services. Physical therapy services must be student-focused along a continuum of services extending from identification of disability and impact on the education of the student through specific help to facilitate independence in life.

#### **PHYSICAL THERAPY SERVICES AND THEIR EDUCATIONAL SIGNIFICANCE**

NOTE: In the school setting the student must qualify for special education and related services as defined in the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN. The physical therapy and occupational therapy services are required to assist a handicapped student to benefit from special education. (See Section IV. Educational Significance.)

To be eligible for physical therapy services under PL 94-142, a student must have a handicap and that handicap must be documented as interfering with the child's education.

The determination of the relationship of a student's handicap(s) to his/her educational performance is a complex task requiring analysis of specific educational needs and the effects of the handicapping condition(s) on meeting those needs. Determination must be made on an individual basis with consideration of the following:

- A. The curricula of the district and applicable district philosophy.
- B. Knowledge of the student's specific educational program, including content, level, goals, etc.
- C. Extensive professional knowledge of the multiple factors of specific handicapping conditions (including signs, symptoms, duration, prognosis for improvement or regression, factors affecting treatment, etc.)

Documentation in initial, annual and progress reports should include the relationship of the handicapping condition(s) to the student's educational performance. The following are some examples and objectives of the various physical therapy services and their impact on a handicapped student's ability to receive an appropriate education as mandated by PL 94-142 and the ADMINISTRATIVE MANUAL: PROGRAMS FOR EXCEPTIONAL CHILDREN.

#### Posture and Positioning

- To maintain the student in best body alignment for learning and functional use of hands and eyes.
- To provide the student with a stable postural base to allow attention to be focused on educational tasks rather than on maintenance of upright sitting posture.

#### Evaluation/Adaptation of Devices, Equipment, Materials and Seating (Skin Care; Splints; Bracing)

- To permit the student to function more independently in the educational environment.
- To enable the student to communicate ideas and answers to teachers and interact with peers and family.
- To ensure the safety of the child when functioning in the educational environment.

#### Range of Motion (ROM)

- To prevent deformities which might interfere with functional use of the extremities required for school tasks (e.g., dressing, eating, sitting, or walking).
- To enable the student to participate in school activities and remain in the least restrictive environment on a full-time basis.

Enhancement of Motor Experiences: (Equilibrium and Protective Reactions; Muscle Tone; Muscle Planning; Integration of Tactile, Visual, Auditory, Proprioceptive and Kinesthetic Input; Bilateral Coordination)

- To facilitate the student's ability to effectively process and respond to basic sensorimotor information as a foundation for the acquisition and development of motor skills and for the organization of attention and behavior for required school tasks.
- To provide a stable base of sensorimotor functioning as an adjunct to cognitive function.

Increasing Speed, Accuracy and Strength in Manipulative Skills, Including Use of Adapted Materials for Eye-Hand Coordination

- To permit the student to participate effectively in academic situations which require those skills.

Mobility (Ambulation; Transfer Skills; Wheelchair Evaluation and Training)

- To permit the student to manage activities in the classroom with minimal or no assistance.
- To obtain optimal mobility within the total educational environment.
- To increase strength, accuracy and speed as needed for school mobility.
- To ensure the safety of the child when functioning in the educational environment.

Evaluation of Architectural Barriers and Recommended Modifications of School or Student's Equipment

- To permit student access to, and mobility within, the school setting, as required by PL 94-142.

Strengthening of Muscular and Cardiopulmonary Systems (Body Mechanics; Energy Conservation Techniques)

- To increase endurance and tolerance to enable the student to remain in school for a full day and on a regular basis, and to participate in school activities to his/her fullest potential (e.g., band, home economics, music, and physical education).

### Training in Functional Living Skills

- To facilitate independence in the educational environment.
- To prepare the student for the most independent life feasible, including vocational training and placement when appropriate.

### Education/Communication

- To provide information and training to the student, family and educational staff regarding the student's disability and educational impact.
- To provide instruction in body mechanics and handling techniques to the educational staff.
- To act as liaison between medical and educational professionals.

### **PRIORITIZING PHYSICAL THERAPY SERVICES**

Provision of physical therapy services in the educational environment usually involves children with developmental and neuromuscular disorders, spinal cord defects or diseases, peripheral nerve and muscular diseases, congenital anomalies, head injuries, respiratory disorders, inflammatory disorders, and other low incidence disorders and syndromes.

#### **A. Common Pediatric Diagnoses/Conditions Served by Physical Therapy**

The following is a sample listing of diagnoses, and is not meant to exclude any child by specific diagnoses.

##### **1. Developmental and Neuromuscular Disorder**

- Cerebral Palsy, encephalopathy
- Developmental neurologic disorders
- Developmental delay
- Mental retardation
- Minimal brain dysfunction
- Infections of the brain, post acute stage
- Motor delays associated with prematurity and/or intraventricular hemorrhage

##### **2. Spinal Cord Defects or Diseases**

- Meningomyelocele (Spina Bifida) and other neural tube defects
- Spinal cord injuries, post acute stage
- Spinal cord tumors

##### **3. Peripheral Nerve and Muscular Diseases**

- Muscular dystrophies

- Congenital myopathy
  - Peripheral nerve injuries - Brachial Plexus Injury (birth)
  - Spinal muscular atrophies
  - Poliomyelitis, post acute
  - Polyneuropathy
  - Inherited neuropathies
  - Benign congenital hypotonia
4. Congenital Anomalies
- Arthrogryposis multiplex congenita (AMC)
  - Congenital limb deficiencies
  - Congenital deformities
5. Traumatic Head Injury
6. Respiratory Disorders
- Asthma
  - Cystic fibrosis
  - Bronchopulmonary Dysplasia
7. Inflammatory Disorders of Soft Tissues and Joints
- Juvenile rheumatoid arthritis
  - Hemophilia
8. Motor Delays Associated With Other Conditions
- Attention Deficit Disorders
  - Scoliosis
  - Degenerative diseases
  - Syndromes (e.g., Down Syndrome), chromosomal anomalies
  - Burns
  - Visual impairment
  - Hearing impairment
  - Physical or other health impairment
  - Speech and/or language impairment
  - Learning Disability
  - Mental retardation
  - Autism
  - Deaf/Blind
  - Maternal Substance Abuse

**B. Common Physical Therapy Procedures and Techniques**

Physical therapy procedures and techniques include both direct and indirect services which have been previously listed under Section III.

C. An individual therapy program may include one or more of the procedures or services listed depending on the disability and its impact on the educational needs of the individual student. In addition,

the physical therapist assists the team in student transitions from home to school, elementary to middle school, middle school to high school, and transition into the community.

### C. Establishing Therapeutic Priorities

The expertise of the physical therapist to enhance the student's potential to use the educational process can be most effective if both indirect and direct therapy services are offered. The therapist should be an integral part of the educational planning process in which the appropriate delivery systems are recommended. The physical therapist should obtain the necessary medical history data base and complete all physical therapy evaluations on each child to determine the extent and duration of physical therapy required. Based on the therapist's recommendation, as well as input from other staff, the most appropriate delivery system will be implemented.

#### 1. Consideration for Physical Therapy Services

The following are the various factors which school physical therapists consider when making their professional judgement to initiate or terminate school PT services.

- a. Age of student
- b. Disability (type, degree/severity of dysfunction, complications or limitations)
- c. Academic status (IQ, educational placement, rate of change in all areas)
- d. Previous therapy (place/amount, type/techniques, rate of change, therapy objectives)
- e. Assessment results (PT test results of screening test scores, gross motor level/mobility in school, recommendations, other test results)
- f. IEP Goals (current priorities, objectives, parent concerns and goals)
- g. School program opportunities (physical education, swimming/adaptive aquatics, classroom/school physical activities)
- h. Community opportunities (agency programs, facility programs)
- i. Parent/Family involvement (home program or concurrent PT services, equipment/devices, transportation)
- j. Educational significance of therapy goals and objectives

k. Continuum of service options in school and community

## **2. Student Status**

A student's priority for physical therapy may change under the following circumstances:

- a. Post-hospitalization for neurologic, orthopedic, or health reasons
- b. Equipment breakdown
- c. New equipment needs
- d. Pre- or post-medical evaluations
- e. Response to parental or staff concerns

Physical therapy frequency and/or duration will be modified based on the child's changing needs as those needs relate to the educational program.

## **ACQUIRING PHYSICAL THERAPY SERVICES**

The educational administrator, recognizing that physical therapy services are required for certain handicapped children to benefit from special education, may have several options available for securing such services. Before employing physical therapy staff, the administrator should assess the need. This section addresses needs assessment, direct employment, contractual services, recruitment and retention of physical therapists.

### **A. NEEDS ASSESSMENT OF SCHOOL DISTRICT**

An initial needs assessment and a method for continued monitoring of the needs of children with disabilities are essential for choosing the best plan for obtaining necessary physical therapy services. Components of the needs assessment may include, but are not limited to:

- 1. Official documentation, e.g., IEPs, medical referrals, MDT recommendations.
- 2. Number of children with disabilities in each special education category in the district.
- 3. Location of educational environments, the distances between them, and the availability of transportation.
- 4. Referral mechanisms, and the need for screening and evaluation of referred children.

5. Facilities available for physical therapy in various educational environments and similar facilities available in the community.
6. Equipment needs of children with disabilities in the district.
7. Needs for physical therapist assistant, physical therapy aide, and secretarial services.

Data obtained through the needs assessment may be used for decisions regarding the physical therapy resources to be utilized, determination of caseloads, and staff personnel. Caseload numbers can be difficult to determine (See Caseload Determination VII. A. 2.) Decisions regarding caseload must be based on the individual educational environment. Some information for determining caseloads can be obtained through a needs assessment.

## **B. EMPLOYMENT OF PHYSICAL THERAPISTS**

### **1. Direct Employment**

The school district may seek to directly employ physical therapists as staff members within the department of special education or special services. The salary will be based on experience and education of the individual therapist.

### **2. Contractual Services**

The school district may also decide to contract for physical therapy services through public or private providers.

### **3. Consideration for Employment**

#### **a. Mandatory Requirements**

- 1) Must graduate from an accredited program of physical therapy at a university or college. Entry level may be at the baccalaureate or master's degree level.
- 2) License to practice physical therapy in the State of Delaware.

#### **b. Other Considerations**

- 1) Preferred experience, which may include any one or a combination of the following:
  - a) Continuing education related to pediatric physical therapy in educational environments.

- b) On the job experience under the direct supervision of a physical therapist with expertise in school physical therapy.
  - c) Continuing education in the field of special education.
- 2) An agreement between the physical therapist and the educational system regarding:
- a) Supervision
  - b) Type of therapy services (direct, consultation, education, IEP)
  - c) Equipment and space
  - d) Travel expenses
  - e) Secretarial services and recordkeeping
  - f) Malpractice insurance

### C. Recruitment and Retention

#### 1. Recruitment Sources

Delaware Physical Therapy Association  
 University of Delaware  
 Department of Physical Therapy  
 319 McKinley Lab  
 Newark, DE 19716  
 (302) 451-8910

American Physical Therapy Association  
 1111 N. Fairfax Street  
 Alexandria, VA 22314  
 (Can provide a list of schools for Physical Therapy and Physical Therapy Assistant and provide copies of Physical Therapy Programs, Physical Therapy Standards and Physical Therapy Code of Ethics.)

#### **Regional Level**

Physical Therapy Forum  
 Mid Atlantic Edition - published weekly  
 Forum Publishing, Inc.  
 251 W. DeKalb Pike, Suite A-115  
 King of Prussia, PA 19406  
 Phone: (215) 337-0381 or (215) 337-2259  
 Cost: Varies depending on size of ad  
 Subscribers: All physical therapists licensed in Mid-Atlantic States

## **National Level**

### **PT Bulletin - American Physical Therapy Association National Weekly**

4418 MacArthur Boulevard, NW

Washington, D.C. 20007

Phone: (202) 333-5532 or (800) 826-4150

Cost: Varies depending on size of ad

Subscribers: APTA members nationwide

### **Journal of the American Physical Therapy Association**

Classified Ad Department, APTA

1111 North Fairfax Street

Alexandria, VA 22314

Phone: (703) 684-2782, Ext. 426

### **Pediatric Physical Therapy**

Williams & Wilkins

428 East Preston Street

Baltimore, MD 21202

Phone: (800) 638-6423

### **Council for Exceptional Children Journals**

Lynne Sullivan, Department of Information Services

Council for Exceptional Children

1920 Association Drive

Reston, VA 22091-1589

Phone: (703) 620-3660

## **2. Retention Strategies and Possible Solutions**

Pediatric physical therapists at the national level are studying the recruitment and retention of pediatric physical therapists. A task force of the Pediatric Section of the American Physical Therapy Association formulated recommendations of possible solutions for faculty, clinicians, employers, and section therapists. The following lists include excerpts from the National Task Force and suggestions from the Washington State Physical Therapy Pediatric Special Interest Group.

### **School District Positions**

1. Many school positions require one therapist per site thus limiting the professional interactions between experienced PT's. New graduates prefer having more experienced PT's available.

### **Retention Strategy**

- Develop networks through DPI and local school districts to tap for support and training.

- |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2. Some believe occupational therapists and/or adaptive physical educators can do physical therapy.</p>                                        | <ul style="list-style-type: none"> <li>- Understanding of role definitions and difference in training.</li> </ul>                                                                                                                                                                                                                                                                                       |
| <p>3. Pediatric physical therapy positions in the schools are often lower paying than comparable physical therapy positions in the community.</p> | <ul style="list-style-type: none"> <li>- Encourage physical therapists to explain salary difference to employer.</li> <li>- Publish salary surveys plus benefits so PTs can compare; salaries need to be competitive.</li> <li>- Encourage awareness of professional standards set by the Professional Examination Service (PES) and State licensure requirements as evidence of competency.</li> </ul> |
| <p>4. Those trained in medical models do not know the educational issues.</p>                                                                     | <ul style="list-style-type: none"> <li>- Develop regional workshops addressing "orientation" issues, new legislation, treatment strategies, parent involvement, documentation, etc.</li> <li>- Develop a booklet with reading lists addressing common issues.</li> </ul>                                                                                                                                |
| <p>5. Rural/remote areas have few pediatric PTs</p>                                                                                               | <ul style="list-style-type: none"> <li>- Develop guidelines for referrals and information between PTs</li> </ul>                                                                                                                                                                                                                                                                                        |
| <p>6. Physical Therapy Assistant utilization and supervision</p>                                                                                  | <ul style="list-style-type: none"> <li>- Clarify role responsibilities in schools and supervision according to state practice act.</li> </ul>                                                                                                                                                                                                                                                           |

## **ADMINISTRATION OF PHYSICAL THERAPY SERVICES**

### **A DESIGN AND DEVELOPMENT**

#### **1. Budget**

Other than normal requirement of budget (salary, facilities, travel expenses, inservices, support services and office supplies), there are budgetary needs specific to physical therapy services that include assessment instruments, specialized equipment, reference materials to construct and maintain adaptive equipment.

It is the responsibility of the physical therapist to choose appropriate assessment instruments and equipment that are needed to provide physical therapy services. Requests are usually made on an annual basis.

## 2. Caseload Determination

- a The number of students on the caseload of a physical therapist in the schools may be influenced by the following:
  - 1) Type and severity of handicapping conditions of students; number of students with high, mid, or low priority needs.
  - 2) Type and amount of assessment and intervention.
  - 3) Amount of inservice training and consultation the physical therapist must provide to develop needed skills of classroom staff, aides, bus personnel, family, caretakers.
  - 4) Geographic area to be covered by the itinerant physical therapist and amount of travel time required.
  - 5) Other duties required by the therapist, such as recordkeeping, attending meetings, diagnostic staffings, educating parents, conducting research, etc.
  - 6) Amount of support available from aides, assistants, and clerical personnel.
  - 7) Number of community contacts required with other agencies and physicians.
  - 8) Type of space and equipment available.
- b The amount of time available for intervention, direct treatment, and monitoring classroom programs, may vary from one setting to another. The school year calendar may also cause variety. However, the following is a breakdown of the average time consumed in a therapist's typical week from two perspectives:
  - 1) Percentage of time spent by the PT in various activities.

Total Working Hours per Week - Full Time Employed PT

(Taken from Tacoma Public Schools caseload survey February, 1986)

|                              |           | <u>Itinerant PT</u> | <u>Schoolbased PT</u> |
|------------------------------|-----------|---------------------|-----------------------|
| * Contract Conditions        | (20%)     | 7.50 hrs            | 7.50 hrs (20%)        |
| Student Contact              | (44%)     | 16.50 hrs           | 17.30 hrs (46%)       |
| Paperwork                    | (14%)     | 5.25 hrs            | 4.90 hrs (13%)        |
| Meetings, IEP                | (11%)     | 4.10 hrs            | 7.80 hrs (21%)        |
| ** Travel                    | (11%)     | 4.10 hrs            | 0.00 hrs              |
| TOTAL                        |           | 37.45 hrs           | 37.50 hrs             |
|                              |           |                     |                       |
| * <u>Contract Conditions</u> |           |                     |                       |
| Lunch time                   | 2.5 hours |                     |                       |
| Breaks                       | 2.5 hours |                     |                       |
| Planning time                | 2.5 hours |                     |                       |
| TOTAL                        | 7.5 hours |                     |                       |

- \*\* Travel time affected by the geographic area served by the physical therapist.

- 2) Balance of time for treatment after subtracting required activities.

Total Working Hours per Week 37.5  
(Taken from Michigan Alliance of  
School PTs and OTs, March, 1986)

|                                      |             |
|--------------------------------------|-------------|
| Assessment                           | -2.5 hours  |
| Documentation, Planning, Preparation | -2.5 hours  |
| IEP Staffings and Meetings           | -2.5 hours  |
| Consultation                         | -2.0 hours  |
| Lunch                                | -2.5 hours  |
| BALANCE (Intervention Time)          | 25.00 hours |

Clearly, these hours are theoretically available, but do not indicate what is actually available to any given therapist. There are innumerable variables such as travel time, scheduling conflicts, liaison work with community resources, student assessments, supervisory responsibilities, inservices to staff, etc. These variables directly influence the time actually available for student contact.

In summary, caseload numbers can be determined by examining both the categorization of student needs and the amount of time actually available to fulfill the IEP recommendations.

### 3. Facilities for Physical Therapy Services

The pediatric physical therapist is an integral part of the multidisciplinary team. A student is referred for physical therapy (PT) services to augment his/her school program in order to improve motor and functional skills that are lacking or deficient and therefore interfere with the student's ability to function in his/her least restrictive environment. Students who need therapy are often unable to benefit from large group instruction and must be seen in a small group, or individually, depending on their disabling condition(s). Therapy intervention usually requires a quiet, nondistracting area so that optimal benefit can be gained. Physical therapy services cannot be delivered without adequate space. A list of recommended space standards is given below to assist facility planners and principals to design therapy areas.

#### a. Facilities

- 1) Location: Within a reasonable distance to the majority of the students served. Adjoining, or within easy reach of a telephone and desk.
- 2) Size: Small classroom that is free of clutter and stored material. A gym is too large and distracting and a conference room is generally too small. An adequate size is needed for one on one intervention, or about 10' x 10'. It should have locked storage areas and a place to put large equipment when others are using the classroom.
- 3) Restroom Facilities: Direct access to a sink with running water and toileting facilities within the immediate area that are wheelchair accessible.
- 4) Lighting & Heating: Typical classroom heating and lighting are recommended. The heat should ideally have thermostatic control.
- 5) Ventilation: One window that should be able to be opened, or air conditioning.
- 6) Flooring: Linoleum and mats can be placed where more cushioning is required.

#### b. Furniture

- 1) Desk: One office desk with telephone in a quiet area.
- 2) Chairs: At least two adult & two child-size chairs.
- 3) Table: One primary two-seat table.

#### 4. Record Keeping and Documentation

The therapist must keep adequate records, to include evaluations, re-evaluations, weekly progress notes, IEP goals and objectives, home programs, telephone and personal contacts (e.g., family, service providers, physicians, etc.)

### B. SUPERVISION

#### 1. Supervision of Physical Therapists

- a. If a physical therapist is supervised by a non-therapist, the supervisor should hold endorsement as a special education administrator and have some experience with physical therapy services in the educational environment.
- b. If a physical therapist is supervised by a physical therapist, the evaluation of assessment and direct services could be done by peer review. However, this method could be a component of the overall evaluation by using a physical therapist consultant or one from a neighboring school district.

#### 2. Supervision of Physical Therapists Assistants (PTAs) and Paraprofessionals

- a. The physical therapist assistant is trained to work under the directions of, and as an assistant to, the physical therapist in administering physical therapy programs. The PTA must function under direct supervision of a therapist on the premises, in accordance with the State of Delaware Physical Therapy Rules and Regulations.

Any change in the student's condition not consistent with planned progress or treatment goals necessitates a re-evaluation by the licensed physical therapist before further treatment is carried out.

- b. The physical therapist aide is an unlicensed individual who is trained on the job by a physical therapist to perform designated routine tasks with direct supervision by the licensed physical therapist. Direct supervision shall mean the supervising PT is personally present and immediately available within the treatment area, in accordance with the State of Delaware Physical Therapy Rules and Regulations.

#### 3. Supervision of Physical Therapist and Physical Therapist Assistant Affiliating Students

It is recommended that the clinical supervisor have at least two to three years' experience in school settings prior to having physical therapy affiliates. Individual physical therapists need to receive

approval from the appropriate school officials in the school district.

## **C. THERAPY PROGRAM EVALUATION**

### **1. Evaluation of Individual Student Program**

The school physical therapist has the knowledge and skill to plan, implement, evaluate, and modify a physical therapy program. In reviewing cases involving student's therapy and school records, overall management can be evaluated and achievement of objectives and goals can be measured. Compilation of single case studies is recommended as one method to evaluate therapy techniques, procedures, and strategies used with students having specific diagnoses.

### **2. Evaluation of Physical Therapy Service**

A written plan should exist for the evaluation of, and action to assure, the quality and appropriateness of the physical therapy service in the school setting. The physical therapist and his/her supervisor should develop that plan based on the therapist's professional goals and the needs of the students and school.

## **REQUIREMENTS AND QUALIFICATIONS**

### **A. EDUCATIONAL REQUIREMENTS**

The physical therapist shall have graduated from an accredited physical therapy program and hold a baccalaureate or Master's degree, or a certificate in physical therapy from an accredited physical therapy program.

### **B. STATE LICENSING REQUIREMENTS**

In the State of Delaware, physical therapy is regulated by the Delaware Physical Therapy Law (24 Del. C., Ch. 26, The Practice Act) and rules and regulations. Physical therapy is regulated as a health care profession by the Division of Business and Occupational Regulation, State of Delaware.

Specific areas of the Delaware Physical Therapy Practice Act and its Rules and Regulations that are particularly pertinent to physical therapists practicing in the public school system include the following:

1. Official definitions of physical therapy, physical therapist, physical therapist assistant, and physical therapist aide. These define the scope of physical therapy practice.
2. The licensure and examination requirements for practicing physical therapy in the State of Delaware.

3. The necessity of a referral by a licensed medical or osteopathic physician, dentist, podiatrist, or chiropractor for consultation, evaluation or treatment by a physical therapist.
4. The necessity of direct supervision of a physical therapist assistant (PTA), with the physical therapist on the premises at all times, and of a physical therapist aide, with the physical therapist personally present and immediately available.
5. Descriptions of unprofessional conduct, including assuming duties within the practice of physical therapy without adequate preparation and assigning untrained persons to perform functions for which they are not adequately trained or supervised.
6. Mandatory continuing education of 3 CEU's (continuing education units) or 30 hours required for biennial physical therapy licensure renewal.

#### C. STATE OF DELAWARE CERTIFICATION AS A SCHOOL PHYSICAL THERAPIST

The certification requirements, found in Appendix B, have been in place since 1976. They are currently being revised by the Delaware Physical Therapy Association and the Department of Public Instruction in order to follow current standards of practice and law.

### **STANDARDS OF PHYSICAL THERAPY PRACTICE**

The accepted standards of the physical therapy profession are included in the American Physical Therapy Association's Code of Ethics and Guide for Professional Conduct, Standards for Physical Therapy Practitioner. These standards are the profession's statement of conditions and performances which are essential for quality physical therapy services and patient care.

### **DELINEATION BETWEEN PHYSICAL THERAPY AND OCCUPATIONAL THERAPY SERVICES**

#### A. DESCRIPTION OF PHYSICAL THERAPY SERVICES

##### 1. Physical Therapy

"Physical therapy" means the evaluation, instruction or treatment of any person to detect, assess, prevent, correct, alleviate or limit physical disability from injury or disease and any other physical and/or mental condition, by the utilization of the effective properties of physical measures, activities and devices such as heat, cold, light, air, water, sound, electricity, massage, mobilization, therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices. Physical therapy also includes the supervision of physical therapy activities, physical therapy consultation and the

establishment and modification of physical therapy programs. Physical therapy shall not include radiology, surgery, drugs or authorize the medical diagnosis of disease. (24 Del. C., Ch. 26)

2. **Physical Therapist, Physical Therapy Curricula and Pediatric Physical Therapist**

The physical therapist is a health care professional licensed to practice physical therapy in the State of Delaware, according to Delaware Physical Therapy Law. 24 Del.C., Ch 26 The physical therapist shall have graduated from an accredited physical therapy program with entry-level credentials (bachelor's degree, master's degree, or post baccalaureate certificate) in physical therapy or its equivalent. (An equivalent educational program is an educational program located outside the United States and its territories that has been evaluated and determined to provide the equivalent to entry-level baccalaureate preparation of a United States accredited educational program for the physical therapist.) The program is accredited by the Commission on Accreditation in Physical Therapy or by another agency previously recognized for accrediting physical therapist educational programs.

Physical therapy curricula places emphasis on the assessment and treatment of musculoskeletal, neuromuscular, and cardiopulmonary disorders. Focus is placed on body control, alignment, and balance in locomotor/mobility/functional skills. The physical therapy curricula also includes supervised fieldwork in a variety of physical therapy settings. The skills of the physical therapist will depend upon his/her professional training, post graduate courses, experience, and areas of specialization.

The pediatric physical therapist is a licensed physical therapist who concentrates on the assessment, treatment, and prevention of medical and developmental conditions as the conditions uniquely affect children. This includes management of traumatic, developmental, and systematic disorders and encompasses all appropriate evaluative, habilitative and rehabilitative procedures used in clinical practice (from American Physical Therapy Association, Section on Pediatrics Bylaws, March, 1978). Pediatric physical therapists acquire advanced training and experience in working with infants and children with special needs through graduate course work and/or professional continuing education seminars.

The physical therapist practicing in the school setting is a licensed physical therapist who provides services for students with identified physical disability, motor deficiency, and/or developmental delays which interfere with the student's ability to benefit from special education. Physical therapists have the skills to evaluate students with disabilities having a variety of sensory and motor disabilities. Physical therapists plan and implement

programs that will help these students benefit from special education. Physical therapists should assume a role in the development of a student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and make recommendations for increasing a student's ability to participate in educational activities. In addition, physical therapists contribute unique administrative, consultative, management, and teaching skills that help modify the educational environment so that students with special needs may benefit from their educational placement. (APTA Policy Statement: Physical Therapy Practice in Educational Environments, June, 1989)

3. Physical Therapist Assistant (PTA)

The Physical Therapist Assistant shall mean an individual who shall have received an associate degree as a Physical Therapist Assistant from an approved school of physical therapy who has not been licensed to practice physical therapy in the State of Delaware. The PTA is trained to work under the direction of, and as an assistant to, the physical therapist in administering physical therapy programs. Current legislation requires supervision of the PTA by a licensed physical therapist.

4. Physical Therapy Aide

The physical therapy aide is an unlicensed individual who has been specifically trained on the job by a physical therapist to perform designated routine tasks related to the operation of a physical therapy service.

B. DESCRIPTION OF OCCUPATIONAL THERAPY SERVICES

1. Occupational Therapy

"Occupational therapy is a health profession that utilizes the application of purposeful, goal-directed activity in the assessment and treatment of persons with disabilities. In an educational setting, occupational therapy personnel use activity and adapted surroundings to facilitate the student's independent function and to decrease the effects of the disabling condition on the student's ability to participate in the educational process." (American Occupational Therapy Association, 1989a, pp. 1.3 - 1.4)

2. Occupational Therapist, Registered (OTR)

The OTR must be a graduate of an accredited occupational therapy educational program; have completed supervised fieldwork in compliance with the American Occupational Therapy Association's Essentials for professional programs; have successfully completed a national certification exam through the American Occupational Therapy Certification Board; and hold a license to practice

occupational therapy in the State of Delaware. An OTR employed as a staff therapist must also hold a professional certificate through the Department of Public Instruction.

The educational/clinical background of the OTR includes knowledge of anatomy, neurophysiology, and kinesiology; developmental, behavioral, and social sciences; and occupational therapy theory and treatment modalities (American Occupational Therapy Association, 1989a). The OTR uses this knowledge in an educational setting to design, implement, and evaluate treatment programs which facilitate the development of underlying skills that are prerequisites for academic learning (American Occupational Therapy Association, 1989a).

3. **Certified Occupational Therapy Assistant (COTA)**

The COTA must be a graduate of an AOTA-approved two year occupational therapy assistant education program; have completed supervised fieldwork in compliance with the American Occupational Therapy Association's Essentials for assistant programs; have successfully completed the certification exam for COTAs through the American Occupational Therapy Certification Board; and hold a license to assist in the practice of occupational therapy in the State of Delaware.

The educational/clinical background of the COTA includes knowledge of basic anatomy and physiology, human development, psychology, and occupational therapy theory. The COTA assists the OTR in implementing occupational therapy (American Occupational Therapy Association, 1989a).

4. **Occupational Therapy Aide**

A person who performs support activities in the practice of occupational therapy under the supervision of a licensed OTR. An aide must have an understanding of occupational therapy but does not require advanced or professional training.

Further information regarding roles and functions of occupational therapy personnel in the educational setting and guidelines for supervision of occupational therapy personnel is available through the AOTA (American Occupational Therapy Association, 1986, 1989a).

C. **RELATIONSHIP OF PHYSICAL THERAPY AND OCCUPATIONAL THERAPY SERVICES**

Physical therapy and occupational therapy are complementary services. They are two distinct and quite different professions with each profession having expertise in specific areas. Both physical therapists and occupational therapists receive training and clinical

experience in normal and abnormal (atypical) development and assessment/treatment of children with varying degrees of developmental delay, neurological deficits, and/or neuromuscular disorders.

1. Focus on Occupational Therapy

Occupational therapists primarily focus their attention on:

a Occupational Therapy Performance Areas

- 1). Daily living skills such as hygiene, feeding/eating, dressing, and socialization.
- 2) School/work activities such as pencil control and pre-vocational skills.
- 3) Play/leisure skills.
- 4) Vocational skills.

b Occupational Therapy Performance Components

- 1) Sensory motor skills such as sensory awareness, sensory processing, and perceptual skills.
- 2) Neuromuscular functioning such as range of motion, muscle tone, and endurance as related to the above Occupational Therapy Performance Areas.
- 3) Motor skills, especially fine motor coordination/dexterity, visual-motor integration, and oral-motor control.
- 4) Cognitive components such as arousal, attention span, sequencing, problem solving, and generalization of learning.
- 5) Psychosocial/Psychological components such as interests, self-concept, social conduct, self-expression, time management, and self control.

2. Focus on Physical Therapy

Physical therapists primarily focus their attention on:

- a Mobility and gait training, and the use of mobility equipment.
- b. Transfer skills.
- c. Acquisition of developmental milestones, particularly in the gross motor area in children with atypical development.

- d. Prevention and management of orthopedic and postural problems, particularly in the lower extremities and trunk, and the use of prosthetic and orthotic equipment.
- e. Physical adaptation of school environments to enhance independent function by modifications of architectural barriers and transportation needs.
- f. Posture and positioning through recommendations for adaptive equipment and seating to enhance educational and vocational function.
- g. Development of neuromuscular, musculoskeletal, and cardiopulmonary systems.
- h. Functional living skills, including self-management and mobility.

#### D. EDUCATIONAL SIGNIFICANCE OF PHYSICAL THERAPY

The following was excerpted from "Physical Therapy Practice In Educational Environment, Policies and Guidelines," with permission from the American Physical Therapy Association's 1990, 111 N. Fairfax Street, Alexandria, VA 22314.

| Functional Area                                  | Service                                                                                                                        | Educational Purpose                                                                             |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Neuromuscular and musculoskeletal systems</b> | Range of motion                                                                                                                | To enable child to participate in school activities and remain in least-restrictive environment |
|                                                  | Control of muscle tone and integration of developmentally appropriate reflexes and reactions as basis for more normal movement | To increase strength, accuracy, and speed as needed for school mobility                         |
|                                                  | Muscle strength                                                                                                                |                                                                                                 |
|                                                  | Endurance                                                                                                                      | To maintain flexibility for easier total care                                                   |
|                                                  | Gross motor coordination                                                                                                       |                                                                                                 |
|                                                  | Motor planning                                                                                                                 |                                                                                                 |
|                                                  | Adaptive equipment                                                                                                             |                                                                                                 |

| <b>Functional Area</b>           | <b>Service</b>                                                                                                                                                                                                          | <b>Educational Purpose</b>                                                                                                                                                                                                       |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sensory processing</b>        | <p>Equilibrium and protective reactions</p> <p>Muscle tone normalization</p> <p>Integration of tactile, visual, auditory, proprioceptive, and kinesthetic input</p> <p>Motor planning</p> <p>Bilateral coordination</p> | <p>To facilitate child's ability to effectively process and respond to basic sensorimotor information as a foundation for the acquisition and development of motor skills and for the organization of attention and behavior</p> |
| <b>Communication of student</b>  | <p>Evaluation and recommendation of appropriate positioning of child in classroom</p> <p>Adaptive devices or equipment if needed</p>                                                                                    | <p>To enable child to communicate ideas and answers to teachers and interact with peers and family</p>                                                                                                                           |
| <b>Environmental adaptations</b> | <p>Evaluation and recommendation of modifications of school or child's equipment and adjustment of architectural barriers</p>                                                                                           | <p>To permit child access to, and mobility within, the school setting</p>                                                                                                                                                        |
| <b>Posture and positioning</b>   | <p>Symmetrical posture</p> <p>Range of motion</p> <p>Handling methods</p>                                                                                                                                               | <p>To maintain child in the best position for stability, functional use of hands, and learning</p>                                                                                                                               |
| <b>Adaptive equipment</b>        | <p>Skin care</p> <p>Splints and bracing</p> <p>Evaluate, recommend, and construct positioning devices</p>                                                                                                               | <p>To provide child with a stable postural base to allow attention to be focused on educational tasks</p>                                                                                                                        |
| <b>Functional mobility</b>       | <p>Equilibrium and balance reactions</p>                                                                                                                                                                                | <p>To permit child optimal freedom of movement within school setting</p>                                                                                                                                                         |

| <b>Functional Area</b>                     | <b>Service</b>                                    | <b>Educational Purpose</b>                                                                                                    |
|--------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                                            | Transfer skills                                   |                                                                                                                               |
|                                            | Gait evaluation and training with or without aids |                                                                                                                               |
|                                            | Wheelchair evaluation and training                |                                                                                                                               |
| <b>Self-help</b>                           | Mobility and transfer skills                      | To permit child to manage in classroom and school with minimum assistance for personal needs                                  |
|                                            | Adaptive equipment                                |                                                                                                                               |
|                                            | Wheelchair care and use                           |                                                                                                                               |
|                                            | Brace care and use                                |                                                                                                                               |
|                                            | Artificial-limb training                          |                                                                                                                               |
| <b>Physiological function</b>              | Muscle strengthening                              | To strengthen muscular, respiratory, and cardiovascular systems                                                               |
|                                            | Cardiorespiratory function and fitness            | to increase child's endurance to remain in school on regular and full-time basis when possible                                |
|                                            | Body mechanics                                    |                                                                                                                               |
|                                            | Energy-conservation techniques                    |                                                                                                                               |
| <b>Prevocational and vocational skills</b> | General strengthening                             | To prepare student for most independent life feasible, including vocational placement when appropriate                        |
|                                            | Sitting and standing balance and tolerance        |                                                                                                                               |
|                                            | Motor coordination                                |                                                                                                                               |
|                                            | Adaptive equipment                                |                                                                                                                               |
| <b>Education/communication</b>             | Information on disability and educational impact  | To improve knowledge and skills of student, family, and education staff regarding student's disability and educational impact |

**Functional Area****Service****Educational Purpose**

Training and staff  
development

To improve competency  
of education staff in body  
mechanics, handling  
techniques, and motor  
skills

Liaison between  
medical and education  
professional

To facilitate teaming  
among parents,  
physicians, and education  
personnel

## **APPENDIX A**

### **STATE OF DELAWARE JOB DESCRIPTION FOR SCHOOL PHYSICAL THERAPIST**

#### **Definition**

The physical therapist is a licensed medical professional who works under a written medical referral.

The primary purpose of the physical therapist is to provide therapy services which establish the gross motor foundation for effective sensorimotor functioning and development. Particular emphasis is placed on the prevention and amelioration of disabilities and the rehabilitation of individuals handicapped by dysfunctions in the most basic sensorimotor abilities. Accordingly, the physical therapist applies medically-based training to develop and/or restore the neuromuscular and sensorimotor functions essential to postural stability and movement efficiency and flexibility in the postural and locomotor adjustments of daily living.

In an interdisciplinary team approach, physical therapy services may be direct, consisting of planning and implementing a therapeutic program, or indirect, such as consultation, administration and education.

#### **Professional Requirements**

Degree or certificate from a physical therapy program approved by the American Physical Therapy Association, and licensed in the State of Delaware. Clinical affiliation or experience in pediatrics recommended.

#### **Supervision**

- A. The physical therapist is responsible to the referring physician (pediatrician, orthopedist, neurologist, etc.) when appropriate in the setting.
- B. The physical therapist reports administratively to the school principal.
- C. The physical therapist contributes to and functions in accordance with the professional expectations and requirements of the statewide quality control process for specific therapeutic services.

#### **Responsibilities**

- A. Direct Services

The initial and ongoing physical therapy programming, following medical referral, to determine appropriate goals, treatment methods and achievement of goals.

### **1. Screening**

The process of surveying large numbers of children in order to identify those having previously undetected problems; also the process of reviewing written or verbal information concerning a handicapped child in order to determine the need for physical therapy services.

### **2. Evaluation**

The individualized, detailed and documented assessment of a child known or suspected of having a handicapping condition, utilizing evaluative tools and skills unique to physical therapists and assessing such areas as:

- a. Postural reflex maturation
- b. Motor and developmental assessment
- c. Joint range of motion
- d. Activities of daily living related to mobility
- e. Postural and gait deviations
- f. Adaptive equipment needs
- g. Orthotic/prosthetic needs
- h. Manual muscle testing
- i. Epidermal sensory assessment
- j. Home assessment

### **3. Treatment**

The management of the disability based upon results of evaluation using procedures that include, but are not limited to:

- a. Positioning
- b. Neurodevelopmental and neuromuscular facilitation to enhance motor patterns
- c. Sensorimotor integration
- d. Gait training
- e. Pulmonary exercises
- f. Post-operative rehabilitation
- g. Monitoring of prosthetic, orthotic devices
- h. Constructing and monitoring of adaptive equipment
- i. Strengthening exercises
- j. Management of skin care
- k. Cardiovascular fitness
- l. Joint mobility/stability procedures
- m. Joint range of motion and stretching
- n. Modalities

- o. Postural control
- p. Instruction in bowel and bladder management in conjunction with the school nurse
- q. Self-care activities relating to mobility
- r. Biofeedback
- s. Relaxation techniques
- t. Homebound care
- u. Coordination exercises

#### 4. Program Planning

The establishment of behavioral objectives and specific remediation techniques for each handicapped child receiving physical therapy services.

### B Indirect Services

Activities peripherally related to the provision of direct services, such as consultation, administrative functions and education.

#### 1. Consultation

The establishment of a dialogue on either a general or a specific level with professionals, paraprofessionals and parents in relation to special education programming.

##### a General consultation services, such as:

- 1) Identifying and recommending the elimination of architectural barriers.
- 2) Advising on special equipment considerations.
- 3) Long-range planning for the handicapped within the school and vocational setting.

##### b. Specific consultation services, such as:

##### 1) Interpretation

- a) Advising on special education needs and participating in placement and program processes via IEP and Multidisciplinary (MDT) meetings.

- b) Explaining physical abilities and disabilities.
- c) Explaining the rationale for physical therapy intervention.
- d. Serving as a liaison between school, medical community and vocational setting.

## 2) Prevention

- a) Advising on safety considerations for staff and students.
- b) Recommending ways to prevent contracture, deformity, fracture, etc.

## 2. Administration

The functions necessary for the development and implementation of physical therapy services, such as:

- a Documenting and record keeping
- b. Determining physical therapist caseloads
- c. Maintaining confidentiality
- d. Initiating and terminating services via IEPs and medical referrals
- e. Determining space requirements
- f. Long-range planning
- g. Making recommendations and consultations concerning recruiting and staffings
- h. Supervising supportive personnel and student affiliates
- i. Acquiring and maintaining equipment
- j. Program planning and development.

## 3. Education

The teaching and training of personnel within the educational environment, such as teachers, teaching associates, adaptive physical education instructors, pool personnel and bus attendants.

- a Providing specific recommendations regarding activities to enhance physical therapy goals and medical needs.

- b. Teaching special skills necessary for proper handling and positioning of children.
- c. Demonstrating the use of adaptive and assistive devices.
- d. Demonstrating the use and care of orthotic and prosthetic devices.
- e. Providing formal inservice training sessions.
- f. Training in community liaison and education.

**Professional Development**

Seeks to improve professional growth and development through activities, such as continuing education programs, participation in state APTA Chapter activities, etc.

The Physical and Occupational Therapy Policies and Procedures Manual further delineates specific procedures and requirements for referrals, evaluations, treatments, discharges and report writing. The Manual was developed in 1982 by school-based therapists in the State of Delaware for the New Castle County School District, with reliance on the APTA publication: "Physical Therapy Practice in Educational Environments - Policies and Guidelines for Chapters of the American Physical Therapy Association."

## **APPENDIX B**

### **DELAWARE STATE DEPARTMENT OF PUBLIC INSTRUCTION CERTIFICATION OF PROFESSIONAL PUBLIC SCHOOL PERSONNEL**

#### **SCHOOL PHYSICAL THERAPIST**

##### **I. Requirements for the Standard Certificate**

- A. Bachelor's degree from an accredited college and;
- B. Completion of a program in physical therapy approved by the Council of Medical Education of the American Medical Association and the American Physical Therapy Association and;
- C. Registered Physical Therapist in the State of Delaware and;
- D. One year experience in a school setting or a practicum at the undergraduate/graduate level working with children of the type to be served under this certificate.
- E. Minimum of six semester hours as follows:
  - 1. Human Development
  - 2. Exceptional Children

##### **II. Requirements for the Limited/Standard Certificate**

Issued for a period of three years at the request of a Delaware public school to a person who meets the requirements listed below and who is employed as a School Physical Therapist to allow for the completion of the requirements for the standard certificate under Section I. above.

- A. Requirements as listed in I. A., B., and C.

#### **CERTIFICATES ISSUED FOR THIS POSITION**

|                  |           |
|------------------|-----------|
| Standard         | See Above |
| Limited/Standard | See Above |
| Provisional      | None      |
| Emergency        | None      |

NOTE: Effective date - October 1, 1976. Persons employed in the above position prior to October 1, 1976 in accordance with items I. A., B., and C above will be granted a standard certificate.

9/76